# The Ohio Public Health Journal

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**Promising Situation in Health District Organization**

Thirty-one whole time health commissioners with rural jurisdiction — this constituted Ohio's record six months after the date when the Hughes-Griswold Act became effective. Only six general health districts were without commissioners, either whole time or part time, and prospects were good for immediate reduction of this number.

This is a situation which Ohio should advertise far and wide. It proves that Ohio taxpayers in general are as willing to spend money for the protection of the health of their families as they are to spend it in the interest of healthier livestock.

Fifty general health districts are still on a part time basis. Even in these, however, it is probable that the present situation represents no backward step as compared with that which existed in past years. It is regrettable that these counties have not yet been able to bring their health protective machinery up to the high standard set by the thirty-two which are in districts with whole time commissioners. It is also regretable that many of the small cities are still in the class of inefficiently administered health districts. But, with all these darker features of the situation recognized, the outstanding fact still remains that Ohioans are receiving far better health protection than they ever received before.

It is to be hoped that the past six months' progress is an indication of the rate at which future improvement may be expected to develop. The future of local public health administration in Ohio is fraught with promise.

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**The Ohio Sanitary Code— A Thoroughly Modern Document**

With the adoption of the new Ohio Sanitary Code — a complete revision of the regulations of the State Department of Health — Ohioans may rest confident that public health affairs in this state are being administered in accordance with the most modern developments of sanitary science.

In relation to communicable disease, in particular, it is worth noting that the revised regulations embody principles laid down by the Ameri-

can Public Health Association's committee on communicable disease control. In keeping with the findings of this body of experts, fumigation of premises after a case of communicable disease is abolished, except in the case of smallpox, and rigid disinfection of the patient's discharges, linen, etc., continuously throughout the progress of the case, with thorough cleansing of the premises after termination of the case, is substituted as the required procedure. Extensive research has demonstrated that the new procedure is as efficacious as the old in preventing spread of infection, and is much less costly and inconvenient.

The new regulations also establish more scientific methods of dealing with persons exposed to contagious diseases, imposing the minimum restraints consistent with public safety.

Addition of a requirement that druggists, as well as physicians, report to the health authorities persons applying for venereal disease treatment, opens up another angle of attack against this class of infections.

Revised provisions for government of maternity hospitals and for sanitary regulation of the state parks are additional features designed to give further protection to the public health.

The new Sanitary Code, enforced by the capable body of local health officials now being built up in the state, should be of material value in raising public health standards in Ohio.

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**Better Milk Supply Promised as Result of Conference**

Progress toward uniform milk regulations in the cities of Ohio was an important accomplishment of the May conference of district health commissioners. Better protection of the milk supply of the state is needed, and united action by the various cities will do more to accomplish this than have the sporadic individual efforts of the past.

In any public health program no factor deserves more careful attention than does supervision of the milk supply. Milk, as one of the basic foods, offers a ready avenue for the attacks of disease germs when it is not under rigid sanitary control. For the sake especially of the children who depend upon milk as the principal element in their diet, the public can not afford to neglect the sanitary quality of the supply.

Every city whose milk supply is not as near 100 per cent safe as human ingenuity and work can make it should increase its efforts toward that ideal.

**William C. Gorgas, Pathfinder for Civilization**

In the passing of William C. Gorgas, the field of preventive medicine loses one of its outstanding figures — a man who, as one writer suggests, "had become a symbol of hygiene."

Conqueror of disease, a soldier whose victories of peace were even greater than those of war, a physician who was one of the world's great builders, General Gorgas leaves behind him as monuments those former pestholes of the earth's surface which he rendered fit for human habitation and opened to the progress of civilization.

Thanks to Gorgas, vast cargoes float across the Isthmus of Panama, through the canal whose building earlier comers had been forced to abandon because of the onslaughts of disease.

Thanks to Gorgas, Cuba, free from yellow fever, is now a center of progress after years of misery and backwardness.

Thanks to Gorgas, the largest army America ever assembled went through the greatest war in which our nation ever engaged with the lowest disease death rate ever recorded for such a force.

Broad visioned, sanely optimistic, capable as administrator and scientist, William C. Gorgas was a great American, whose career should serve as a beacon to others engaged in the great work of reducing the world's burden of disease.

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**Reduction in Typhoid Prevalence Must Continue**

Highly encouraging is the announcement that Ohio's typhoid fever death rate fell last year to the new low level of 8.6 per 100,000 population. For the first time in the state's history a year's toll of this disease is indicated by a figure less than 10.

But the often repeated remark with regard to typhoid prevalence still remains true — that the typhoid rate is lowest in the large cities and highest in the country. This is only another way of saying that sanitary precautions against typhoid fever are more strictly enforced in the city than in the country.

Where the average typhoid fever rate for all Ohio cities in 1919 was 7, the average for the population outside the cities was 10. In the large cities the rates were as a rule below 5.

Further reduction of the typhoid rate is the immediate duty before the health protective agencies of the state and demands the earnest effort of the general district health commissioners. But the entire responsibility does not rest with these officials: the public must also give its full co-operation in the preventive program, which includes as its cardinal points proper care of every typhoid patient in such a way as to prevent contact infections, general use of anti-typhoid vaccine by per-

sons in danger of exposure and strict enforcement of measures for sanitary control of water and food supplies.

From 1261 typhoid deaths in 1909 to 458 in 1919 is a praiseworthy record of accomplishment — and establishes the principle that the people of Ohio have it within their power to reduce at will the ravages of this disease.

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**A Prophecy: Its Fulfillment And Its Challenge**

"Why should not Ohio have a typhoid death rate of 7.0 per 100,000 by 1920?" The OHIO PUBLIC HEALTH JOURNAL asked this question editorially in May, 1918, after pointing out that California with a 1914 rate approximately equal to that of Ohio in 1917, had almost halved it in the ensuing two years. The proposition was advanced that Ohio could achieve a similar record.

The JOURNAL lays no claim to prophetic powers. It simply stated as a certainty that application of a few clearly understood sanitary principles could tremendously reduce typhoid fever in Ohio.

But reference to the 1919 typhoid rate, recently announced as 8.6 per 100,000, shows that there is a strong possibility of achieving this year the low record set up as a goal in our opening question. And now the question must be changed to read:

*Why should Ohio be satisfied with a typhoid rate of 7.0 per 100,000?*

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**Community Demonstration Needed to "Sell" Public Health to Ohio**

Ohio needs a public health demonstration—an actual working out in some selected community of a scientific public health program, backed by adequate funds. Such a demonstration, continued for a sufficient period, would undoubtedly be a valuable object lesson for the state.

It would prove its value to the community by results which, stated graphically in statistical form, would "sell" the principle of public health protection to the most backward county in the state.

The Framingham demonstration accomplished valuable results nationally. Its lessons, however, have not percolated far enough downward to carry the message to the Ohio householder. A similar demonstration, nearer home, attacking Ohio problems and solving them by Ohio methods, would speak much more loudly to the average Ohioan. It is a project well worth earnest consideration.

**A Better Though Smaller Journal Our Aim for Future**

Various causes have contributed to the failure of the OHIO PUBLIC HEALTH JOURNAL to appear in April, May, June and July. From now on every effort will be exerted to bring the magazine out regularly, and readers are promised that the quality of the JOURNAL for the remainder of the year will be such as to compensate them for its shortage in quantity.

In order to make possible an increase in circulation without added cost of publication — a difficult thing in these days of high prices of paper — the size of the JOURNAL is to be reduced. By dropping matter of little interest to the general reader and making every inch of type wield a direct influence for better public health in Ohio, we shall endeavor to make the new magazine as valuable as the larger one of the past.

Regularity of issue and interest and value of contents are to be the aims of the OHIO PUBLIC HEALTH JOURNAL from now on. We invite the suggestions of our readers as aids to the accomplishment of these aims.

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**State Bar Association Head Praises Health District Law**

"The Hughes Act," said President Smith W. Bennett of the Ohio State Bar Association in his annual address July 6, "probably added more direct expense to the local taxing districts than any single law adopted at the recent session." Then he went on to say: "The many merits of the act certainly justify, under proper administration, the expense incident thereto."

This studied, conservative opinion of one of the leading lawyers of Ohio should carry much weight with persons who are still doubtful, despite six months' successful operation under the new law, whether the expenditure of increased funds for the protection of life and health is justifiable.

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**Summer Courses in Hygiene a Valuable Asset to State**

The courses in school hygiene offered by the Cleveland School of Education in its summer session and attended by a number of health commissioners and public health nurses should be an influence for better health protection in Ohio schools. It is gratifying to those who are working for the improvement of public health conditions to see such an influential institution as this lining up beside them in their effort.

Establishment of similar courses in other sections of the state in future summers is desirable. They would serve to keep the field workers in Ohio's public health army abreast of the times.

# Trachoma Control Program Saves State's Money and People's Sight

EXPENDITURE of about one-half of an appropriation of $10,000 for trachoma control work during the year which ended July 1, saved the state of Ohio many times that amount by decreasing the number of persons who must receive care at public expense in the State School for the Blind in future years. The work is being continued this year with a similar appropriation.

With their task approximately one-tenth completed, the State Department of Health and the United States Public Health Service, through their joint program for trachoma surveys and clinics in Ohio, had, up to July 1, saved the eyesight of nearly five hundred persons in whom further progress of the infection might have led to blindness.

A notable illustration of the dollars-and-cents value of the trachoma program to the state was recently furnished in Columbus, when a little girl who for three years had been an inmate of the State School for the Blind, almst totally sightless, was brought to the trachoma clinic for treatment. After the operation she was able to count fingers at a distance of twenty feet, and she will soon be ready for release from the institution. The simple operation saved the state many times its cost.

Surveys in schools and industrial plants in fourteen counties disclosed 715 cases of trachoma from September 1, 1919, to July 1, 1920. Operations were performed in 491 cases during that period, with several clinics still to be held. Persons examined numbered approximately 140,000—almost all of them school children. It was estimated at the beginning of the work that the total number of school children to be examined was about 1,400,000.

**BLINDED BY TRACHOMA**

This southern Ohio woman, thirty - three years old, has been blind for ten years as a result of trachoma. Proper treatment in her youth would have saved her sight.

Schools have been visited in Athens, Butler, Belmont, Fairfield, Franklin, Gallia, Hamilton, Monroe, Montgomery, Pickaway, Pike, Ross, Scioto and Warren counties. In several counties the field has been completely covered and in others some schools remain to be surveyed. Among the cities covered in the course of the work are Hamilton, Middletown, Columbus, Cincinnati, Chillicothe and Portsmouth.

Suspension of school during the summer prevents further activity until fall, when it is planned to visit, first of all, Dayton, Canton and Cleveland and Portage, Lawrence and Clark counties.

The program, consisting of surveys followed by clinics, will be extended to other parts of the state as rapidly as possible, preference being given to counties in which there is local interest in the work.

# The Development of Public Health Administration in Ohio

**The first of a series of historical articles furnishing a background for better understanding of the period of public health progress which is just beginning in the state.**

WHILE organized health administration in Ohio dates from the period immediately after the Civil War, when Cleveland and Cincinnati took the lead among cities of the state in organizing local boards of health, the history of public health development on a statewide scale does not begin until 1886, when the State Board of Health was created by the legislature, as a result of organized efforts to this end by the Ohio Sanitary Association. Ohio was the thirty-second state to establish a board of health.

The board had seven members appointed by the Governor, and the attorney general was ex-officio an additional member. Authority to employ a secretary at a salary of $1,600 a year was granted the board, and an annual appropriation of $5,000 was made for the carrying on of its work. The powers and duties of the board were stated as follows in the act which created it:

"The state board of health shall have the supervision of the interests of the health and life of the citizens of the state. They shall make careful inquiry in respect to the causes of disease, and especially the invasion or spread of any infectious or contagious, epidemic, or endemic disease, and investigate the sources of mortality and the effects of localities, employments, conditions, ingesta, habits and surroundings on the health of the people; and shall investigate the causes of diseases occurring among the stock and domestic animals of the state, the methods of remedying the same by quarantine or otherwise, and shall gather information in respect to such matters, and kindred subjects for dissemination among the people. They shall advise officers of the government, or other state boards, in regard to the location, drainage, water supply, disposal of excreta, heating and ventilating of public buildings. They shall collect and preserve such information relating to forms of disease and death as may be useful in the discharge of the duties of said board. It shall be the duty of all local boards of health, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and all other officers and employes of the state, or any county, city or town thereof, to make and enforce such quarantine and sanitary rules and regulations as may be necessary to protect the public health, in so far as the success and efficiency of the board of health may depend thereon, and in the event of failure or refusal on the part of any member of said boards, or other officials or persons in this section mentioned to so act, he or they shall be subject to a fine of not less than fifty dollars upon first conviction, and upon a conviction of second offense of not less than one hundred dollars.

"The board of health shall have supervision of the state system of

registration of births and deaths as hereinafter provided; they shall make up such forms and recommend such legislation as shall be deemed necessary for the thorough registration of vital and mortuary statistics throughout the state. The secretary of the board shall be the superintendent of such registration. The clerical duties and the safekeeping of the bureau of vital statistics thus created shall be provided by the secretary of state.

"It shall be the duty of boards of health, health authorities and officials, and of physicians in localities where there are no health authorities or officials, to report to the state board of health, promptly upon discovery thereof, the existence of any one of the following diseases which may come under their observation, to-wit: Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus and typhoid fever, and of such other contagious or infectious diseases as the state board may from time to time specify."

The actual authority thus granted the Board, it will be noted, was very limited: it could investigate and advise and disseminate information, but it could do little to force action in accordance with its findings. The paucity of power led the Board to interpret its functions as primarily educational. In keeping with this idea the Board set to work at once to collect reports of contagious diseases, building up a staff of correspondents in various localities and issuing weekly summaries of the reports thus obtained. Special attention was given to the matter of stream pollution, at that early day a widespread menace to public health in the state. Public health education came in for attention, pamphlets on scarlet fever, diphtheria and typhoid fever being issued in the first year of the Board's existence.

Control of communicable diseases and protection of public water supplies, stressed in the opening days of the Board's history, continued for many years to be its chief fields of activity. An important advance in state control over public water supplies was made in 1893, through the passage of a law making all installations and improvements of water supply and sewerage systems subject to prior approval of the State Board of Health. Continued efforts were made as time went on to improve the efficiency of morbidity reporting, but it was not until recent years that anything approaching accuracy in this respect was achieved. The study of tuberculosis, destined to become one of the most important fields of the Board's work in later years, was taken up in 1894, when information regarding the disease in Ohio was sought from physicians. Later, in 1901, the Board was instrumental in organizing the Ohio Society for the Prevention of Tuberculosis, and during succeeding years it played an important part in the campaign for a state sanatorium and for legislation authorizing county and district tuberculosis hospitals. The need for laboratory work in both the communicable disease activities and the water supply investigations of the Board early became evident. At first arrangements were made from time to time for a limited amount of such service in private laboratories, but in 1898 authority to employ a bacteriologist and equip a laboratory was granted the Board. The earliest stream pollution studies were made by members of the Board, but growth of this work later made the employment of an engineer necessary; rapid ex-

pansion of the engineering department followed when the Board took up a systematic study of the public water supplies of the state. The passage of the Bense Act in 1908, giving the Board power to compel correction of stream pollution and impure water supply, still further increased the Board's authority in protecting the public against water-borne infections. Passage of the maternity boarding house act in 1908 charged the Board with supervision of such institutions and necessitated the employment of a physician to conduct the necessary inspections.

Throughout this period of development, during which the State Board of Health steadily broadened its organization, Dr. C. O. Probst was at the helm as secretary and executive officer of the Board. Assuming office July 27, 1886, after two predecessors had served only a few weeks each, he continued in the service of the Board until September 30, 1911, when his resignation was accepted with regret by the Board. Dr. Probst's constructive work was a vital factor in building up a sound system of public health protection in the state, and his long service was appropriately recognized in 1917, when he was appointed to the Public Health Council of the reorganized State Department of Health. The following résumé of the first twenty-five years of the history of the State Board of Health, included by Dr. Probst in the Board's twenty-fifth annual report, that for 1910, gives a clear picture of the progress which marked that quarter-century:

"Twenty-five years ago the people generally paid but little attention to health questions. They were afraid of smallpox, yellow fever, and to a less extent of diphtheria and scarlet fever, and asked protection from such diseases when quarantine measures did not interfere too much with business. 'Sewer gas' and things and places that created bad odors, were more feared than disease germs.

"The law authorized council to appoint boards of health with authority to enforce quarantine measures for the prevention of dangerous diseases, and to abate nuisances, but in only a few cities and villages, about forty-five or fifty, had this been done. No one had authority to act in the township, except in smallpox the trustees had certain powers.

"Consumption was almost universally regarded as an inherited disease, and little or no effort was made for its prevention. Even diphtheria was still considered as a non-communicable disease by many members of the medical profession, and 'membranous croup' was quite generally considered as a distinct affection requiring no preventive measures.

"The people in a general way knew that impure water was a cause of disease, but took scant heed of the necessity for protecting the sources from which it came. No community had undertaken to purify the water it drank, nor the sewage which it turned into the stream from which its water supply was taken.

"Infected or dirty milk as a cause of disease, and especially its relation to infant mortality, was scarcely spoken of outside of medical circles. School hygiene and medical inspection of schools had no public support and few advocates.

"There was practically no conception, except among the few interested in sanitary science, of the intimate relation of sociological and industrial conditions to health prob-

lems. Neither the state nor the municipality felt any special responsibility for the health of its citizens; and the conception that the public health is a valuable asset and like other property should be protected for purely economic reasons, if for no other, was entertained by few, and had had no public expression.

"At the end of this quarter of a century we find great changes. Health officials with large powers and charged with weighty duties, are a necessary part of the government of every city, village and township.

"Antitoxin for the cure and prevention of diphtheria, unknown twenty-five years ago, is now, through the agency of the State Board of Health, within easy reach of every physician in the state, and is supplied free to the poor and needy.

"Tuberculosis is being fought everywhere. A State Sanatorium has been provided for the cure of its victims, and many county and district hospitals have already been established, with others under way, for the care of advanced cases.

"A state society (organized in the office of the State Board of Health) and many local tuberculosis societies are engaged in combating this disease.

"Ohio has become a leader in the protection of its public water supplies, and its fame in this direction has spread to most parts of the world. The state, through its State Board of Health, has entered upon a policy which will prevent further injurious contamination of its streams and lakes and must eventually free them from all sources of defilement.

"Thirty-one communities, with an aggregate population of 1,007,579, are now purifying their water supplies. Thirty-five communities and twenty-seven public institutions are purifying their sewage.

"The purity of milk supplies, once unquestioned, is receiving more and more official and also public attention. Great gains have been made in school hygiene and school sanitation. Medical inspection of schools, now authorized everywhere, has been undertaken in most of our larger cities.

"The most hopeful sign of advancement is the change in opinion as regards health matters. Indifference, and even, to some extent, hostility, has been replaced by keen interest and a desire for help.

"Twenty-five years ago a visit by a representative of the State Board of Health was often looked upon as an unwarranted interference and a reproach to the community where this was necessary. Today the difficulty is in adequately meeting the many demands for such assistance.

"Public education in health matters has been immeasurably extended. Hygiene is taught in all schools; the press and lay magazines are devoting more and more space to health subjects.

"The State Board of Health has been largely instrumental in bringing about these beneficent advances, aided and supported by local health authorities. Beginning with but one employe, with its only quarters mere desk room in the office of the Attorney General, through the courtesy of that official, it has grown from year to year, adding first a laboratory, then an engineering department, until now it employs a force of twenty-nine men and women and makes use of 5,268 square feet of floor space for the conduct of its various activities.

"It is only by thus contrasting

conditions as they were in 1886 with what may be seen today that a fair estimate can be made of our growth in power and service in protecting the public health.

"Much of what has been done must be regarded as simply the foundation, soon to be buried, upon which will rest the magnificent superstructure which should, and we trust will, be erected. The future should see the sovereign state chiefly concerned about the health of its subjects. Every child born within its borders should receive its special care. It should be regrded as a precious asset, a valuable future citizen, able to return a hundred fold any expense necessary to insure its fullest possible development. Wherever needed it should have a sure and helpful hand, through infancy, through school and on into the workshop and factory, with health always the chief object.

"Every industry should be so regulated as to secure the best possible conditions for the protection of health. The so-called 'occupational diseases' are largely preventable, and should be to that extent eradicated. The state should make a thorough study of the various conditions giving rise to such conditions as a basis for future action, legislative or otherwise, in their prevention.

"Bad housing conditions are responsible for an untold but vast amount of preventable disease. This is closely associated with poverty, but not necessarily so. Life with vigorous health may be sustained under proper conditions for a comparatively small sum. The unequal division of wealth against which state and nation are striving enforces much unnecessary poverty with its subsequent preventable sickness. Ignorance and unpreparedness to labor are possibly accountable for even more.

"The instructed poor will spend their money much more wisely and effectively in protecting their health than the ignorant. The state through its schools has it in its power to do vastly more than it has yet undertaken in teaching future generations how to live cheaply and yet keep well.

"The state has opened the way for better housing conditions in the creation of a building code commission. A code has been formulated which the legislature will be asked to approve. Its beneficial effects will depend upon its proper enforcement, and for this the state has ample power to provide.

"Congress has had before it for some time a bill to assemble in one department a number of separate bureaus or departments that are chiefly concerned with public health questions. It would be well to consider whether this might not be advisable in our own state. A critical study of the chief function of several state offices will show, it is believed, that they could be advantageously merged into an enlarged health department, securing thereby both increased efficiency and economy in administration.

"The next quarter of a century should bring about immense improvements in the public health. The people are just beginning to fully realize the truthfulness of the old adage, as applied to health, that 'an ounce of prevention is worth a pound of cure.' They are still spending, however, thousands for cure to pennies for prevention.

"Life and health are becoming more and more precious as the belief gains ground that health may be preserved and life prolonged by measures well within the power of

the individual and the state. As the people become more and more convinced of this fact the State Board of Health, as the logical head of all health reform movements, should be given greatly increased powers and vastly larger appropriations.

"With our increasingly complex civilization and our rapidly growing cities, we should fully recognize that for health, upon which the state's progress so largely depends, we must expect to pay the price by providing the necessary sanitary environment for our citizens and by securing or compelling their obedience to hygienic and sanitary regulations."

The years from 1910 to 1917 were marked by the addition of several functions to the work of the Board and by further systematization and extension of the fields of activity previously entered. The state plumbing inspector, the officer charged with enforcement of the sanitary sections of the new building code, was added to the Board's staff in 1911. In the same year an epidemiologist was employed, to take direct charge of the communicable disease control work, and morbidity reporting began a new period of improvement. Prevention of blindness from ophthalmia neonatorum was first taken up in 1910, when free distribution of silver nitrate for prophylactic use was begun, and this activity was broadened in 1915 by the granting of an annual appropriation of five thousand dollars to support the present medical and nursing program for this purpose. By 1912, when Dr. E. F. McCampbell assumed office as secretary of the Board, the staff had expanded to such a size that a more definite organization into divisions was desirable. Accordingly there were installed in this year divisions of administration, engineering, hygienic laboratories, communicable diseases and plumbing inspection. A little later the division of public health education and tuberculosis, the division of child hygiene and the division of occupational diseases were added — the first to take the lead in a statewide program of tuberculosis prevention and control, health education and public health nursing, the second to develop means of protecting the children of the state and the third to conduct a state survey of occupational diseases, just authorized by the General Assembly. The division of public health education and tuberculosis, with some redistribution and addition of functions, has recently developed into the division of hygiene, by which child hygiene activities are also handled, and the division of occupational diseases, after the completion of the survey, continued, with a reduced organization, as the division of industrial hygiene.

The organization of the Board continued along these lines until 1917, when an important turning point was reached in the establishment of the new State Department of Health, to be taken up in detail later. Meanwhile, during the thirty years in which the State Board of Health had been growing, many changes had taken place in the local health organization of the state — largely as the result of the state board's efforts to increase the efficiency of the health protective machinery in the local communities.

Although the law permitted cities to establish boards of health before the State Board of Health was established, comparatively few cities had exercised this authority by the time the state body came into being. Finding itself without agencies through which to act in

the local communities, the new State Board of Health immediately took steps to extend the local health administrative organization. A circular letter to physicians in August, 1886, asked their co-operation in influencing municipal councils to establish health boards. With a far-seeing vision that seems remarkable in view of recent years' developments, President Cretcher of the State Board of Health in his annual address in 1886 urged a system of full time county health officers as the most effiective means of administering the public health.

This propaganda produced its first concrete results in 1888, when the General Assembly enacted a law requiring every municipality with a population of five hundred or more to establish a board of health and requiring every such board to employ a health officer. These boards were limited in power, and the system left the inhabitants of the small villages and the rural districts without health protection. This flaw became strikingly evident in 1892, when smallpox and cholera threatened the state, and projected legislation to extend the sanitary authority of the boards and to provide local boards for all sections, rural or urban, met with public approval when suggested by the State Board of Health. The new law, passed in 1893, gave local boards of health power to make rules and regulations for their own government and for the conduct of sanitary affairs in their districts, established local boards of health in all cities and villages, and required township trustees to exercise the functions of a board of health in territory outside incorporated municipalities and to employ a health officer. A law enacted in 1903 gave a village council the right to delegate health authority to a health officer serving in lieu of a board of health if it so chose (appointment of such a health officer to be subject to approval of the State Board of Health).

On the basis of the laws thus enumerated was built up the local health machinery which continued in operation in Ohio until January 1, 1920. In a number of the cities the local health boards widened their activities from time to time with growth of population and progress in sanitary science. A few cities adopted the principle of the whole time health officer, with capable assistants and adequate financial support, and built up health departments that compared favorably with those in other parts of the country. In the rural districts and in the municipalities other than those exceptional cases cited, however, the local health administrative system in Ohio, great though the improvement was over the former entire lack of organization, was by 1918 (when efforts toward further improvement got under way) admittedly inefficient and antiquated. There were 2,158 independent health districts, subject to little control by the state health authorities. Eighty of these districts were cities, 727 villages and 1,351 townships. Most of the local health officers, especially in the townships and the smaller municipalities, were men totally untrained in public health principles and methods and utterly incapable of carrying out constructive programs for the betterment of public health in their communities.

A new era in public health in Ohio dawned in 1917, marked first by the reorganization of the State Board of Health, which was replaced in that year by the new State Department of Health, and

second by a new plan of local health organization, effective January 1, 1920, in which the local units are cities and counties, instead of cities, villages and townships.

In the new State Department of Health, authority is lodged in a State Commissioner of Health, supported by an advisory Public Health Council. Greater efficiency in the planning and regular day-by-day administration of the state's public health activities was the keynote of the act creating the Department. The law recognized the principle that executive and administrative duties can be performed by one man, devoting his entire time to his duties, better than by a group of men meeting at intervals. Recognizing also, however, that legislative and judicial functions often demand the combined judgment of several persons, it created the Public Health Council to exercise such powers.

The new State Department of Health is charged with all the powers and duties formerly lodged with the State Board of Health. The State Commissioner of Health, the executive and administrative head of the Department, is appointed by the Public Health Council with the approval of the Governor. The Public Health Council is composed of the Commissioner and four members appointed by the Governor. The Council's duties are to make and amend sanitary regulations of general application throughout the State, and to hear appeals from decisions of the Commissioner in relation to the approval or disapproval of plans and other matters required to be submitted to the Department for approval.

The period since the reorganization of the Department has been marked by further changes in the internal organization of its staff, designed to give greater efficiency in meeting the constantly changing demands upon its services. In 1920 the department includes the following divisions, each dealing with the subjects indicated:

Division of Administration — Legal, financial, publicity.

Division of Hygiene — Tuberculosis control, child hygiene, public health nursing, venereal disease control, supervision of hospitals, prevention of blindness.

Division of Laboratories — Diagnostic, analytic, biologic.

Division of Sanitary Engineering — Public water supplies and water purification, public sewerage and sewage disposal, stream pollution, general sanitation, plumbing inspection, approval of plans for plumbing.

Division of Communicable Diseases — Morbidity statistics, communicable disease control (including trachoma surveys and treatment), local health organization.

Division of Industrial Hygiene — Investigation of industrial health hazards, advice to manufacturers and industrial workers, industrial surveys.

In the carrying out of the functions indicated (all of which will be taken up in more detail later in a discussion of the Department's present activities), the Department, although on a high plane of efficiency itself, was hampered by the ineffectiveness of the system of local health organization, almost unchanged since 1893, despite the tremendous advances in sanitary science since that date. The remodeling of this system, therefore, was sorely needed by the time it was accomplished, in 1919, as the second step in the rehabilitation of Ohio's health protective organization.

Establishment of a new system of local health organization was brought by the passage of the Hughes Act, later amended by the

Griswold Act, setting up the present system of general and city health districts in place of the old township, village and city districts. The need for such a reorganization had long been seen by public health workers (reference has been made to views of the first president of the State Board of Health, and the project was also under consideration by the State Board of Health in 1905 and 1908). Public opinion was slow in reaching a favorable attitude, however, and the psychological moment for effecting the change came only when the combined influence of the renewed interest in public health work awakened by the war, the exhibition of the old system's inadequacy in the influenza epidemic of 1918-19 and the researches of the Ohio Health and Old Age Insurance Commission convinced the people of Ohio that they needed better health protection.

Guided by the State Department of Health and backed by various influential organizations in the state, the Hughes Act was passed by the General Assembly in April, 1919, to become operative January 1, 1920. The law created a new system of local health administration, based upon general and municipal health districts, each employing, for full time service and under civil service regulations, a health commissioner, at least one public health nurse, at least one clerk and any additional employees deemed necessary by the district board of health. A state subsidy amounting to one-half of the total salary paid to the three required employees was provided for each district.

This law, acclaimed throughout the country as one of the most advanced pieces of public health legislation ever enacted, was doomed to be discarded before it became effective. Opposition on the ground of expense and a court decision implying that the municipal district provision would be held unconstitutional brought about amendments at the fall session of the legislature, which seriously weakened the proposed system, although they left an organization much better than that previously in existence. Chief among the changes were the establishment of all cities as independent city health districts, the repeal of the civil service provisions, the removal of the provision requiring employment of nurses and clerks and the authorization of employment of health commissioners for part time service.

Ohio had under the amended law, therefore, eighty-eight general and eighty city health districts, each with a district board of health and each required to employ a health commissioner, who must be a licensed physician in a general health district but need possess no specified qualifications in a city district. Each district is subsidized to the amount of one-half the amount of salaries paid to the health commissioner, one public health nurse and one clerk. The district board of health comprises five members, appointed by the mayor in a city and chosen by the district advisory council (all the village mayors and township chairmen in the district) in the case of a general district. Terms are five years each, with one term expiring each year. The district board of health adopts sanitary regulations for its district, subject to the general regulations of the State Department of Health; appoints the health commissioner and his subordinates and formulates the annual budget, which in a general district must be approved by the county budget commissioners before it becomes effective.

The amount of a general district budget, less the state subsidy, is apportioned among the townships and villages in the district in proportion to their respective tax duplicates. Charter cities are not bound by the requirements of the health district law but are free to make by charter such provision as they may choose for health administration.

Reorganization under the new law progressed rapidly during the earlier half of 1920, although the suddenness of the changes in the law in the closing weeks of 1919 set aside much of the preliminary work which had already been done. By July 1 the state had thirty-one whole time general district health commissioners and fifty serving on a part time basis. Only a few city health commissioners are whole time officials. Two general districts (Fulton and Henry Counties) have jointly employed a health commissioner who divides his time between the two districts, and in seven counties a city and a general district have taken similar action; in such cases the boards of health of the co-operating districts remain separate. Steady progress toward establishment of a health department in each district is being made.

## A. P. H. A. SEEKS 167 NEW MEMBERS IN OHIO

Ohio is asked to obtain a quota of 167 new members in the membership campaign of the American Public Health Association, now in progress. Dr. A. W. Freeman, state commissioner of health, is membership chairman for Ohio and invites persons interested in the objects of the Association to communicate with him.

The American Public Health Association was founded at New York City in 1872. Until a few years ago it remained a strictly scientific body, somewhat on the order of the royal societies of Europe. More recently the membership has been broadened so that those may join who have a more general interest in public health, including such workers as health officers, laboratory men, school medical inspectors, industrial hygienists, public health nurses, physicians interested in preventive medicine, etc.

Next year the Association will hold its fiftieth annual meeting. Dr. Stephen Smith, the founder and first president of the organization, will at that time be approaching his ninety-ninth birthday anniversary and intends to celebrate the occasion by reading a paper at the meeting.

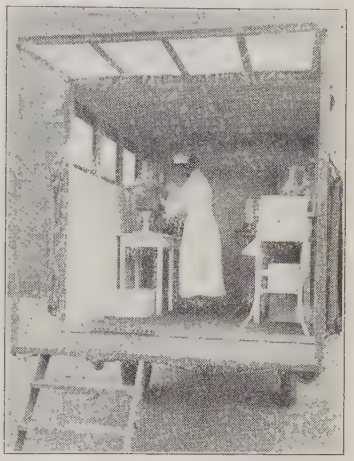
## Children's Diseases Prevalent

Measles, scarlet fever and whooping cough have been unusually prevalent in Ohio throughout the earlier half of the year, according to reports from all parts of the state. Totals of cases reported to the State Department of Health for the period from January to May, inclusive, are: Measles 32,471, scarlet fever 9270, whooping cough 4351. For the corresponding months last year the totals were: Measles 7230, scarlet fever 3234, whooping cough 1053.

Chickenpox, smallpox, typhoid fever and diphtheria also show increased case report totals, in comparison with last year's figures, but the rise in these diseases does not approach that recorded for the three others first mentioned.

It is believed that more nearly complete case reporting, due to the greater efficiency of the local health departments, may account for a portion of the apparent increased prevalence.

# "Baby Special" Truck Tours Cuyahoga County for Educational Work



The dispensary on wheels, by means of which the Cleveland Babies' Dispensary and Hospital carries the message of better health for babies to all quarters of the city and surrounding territory.

Summer plans of the Babies' Dispensary and Hospital of Cleveland included trips of the "Baby Special Truck," or traveling dispensary, with a nurse to eight towns in Cuyahoga County during June, July, August and September to do infant and pre-school child welfare work.

The towns chosen are Chagrin Falls, Bedford, Brecksville, Strongsville, Berea, Olmsted Falls, North Olmsted, and Dover Center. One or two clinics were scheduled for each town, according to its size. The plan is to measure, weigh, and examine the children for defects and send them to their family physician if necessary.

Outside of the clinics, the nurse was to organize "Little Mothers' Clubs," for the older children to learn how to be helpful at home, and Mothers Clubs, where the nurse would display patterns of layettes, demonstrate bathing a baby, modifying of milk and give general health talks.

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### County Takes Over Hospital

Summit County has purchased the interests of the other counties in the Springfield Lake Tuberculosis Sanitorium District under the provisions of a law passed at the recent legislative session and will operate the institution as a county sanatorium. A constructive program, comprising improvement of the hospital, employment of nurses and the establishment of dispensaries, is planned. Under a recent ruling of the attorney-general the counties which sold their interests to Summit County may employ the funds thus received for the establishment of county tuberculosis hospitals. Plans to this end are already under way in Mahoning and Columbiana counties.

## Status of Health District Organization

Here are the statistics of general health district organization in Ohio to date of July 1:

*Whole time health commissioners in 23 districts* — Lucas, Sandusky, Lorain, Ashtabula, Summit, Stark, Portage, Mahoning, Harrison, Muskingum, Washington, Hocking, Scioto, Highland, Clermont, Hamilton, Butler, Montgomery, Miami, Champaign, Shelby, Morrow and Allen counties.

*Whole time commissioner employed jointly by a general and a city district in seven instances* — Ross County and Chillicothe, Wood and Bowling Green, Greene and Xenia, Wayne and Wooster, Athens and Athens, Columbiana and Salem, Clark and Springfield.

*One whole time commissioner employed jointly by Fulton and Henry counties.*

*Six general districts without health commissioners* — Madison, Cuyahoga, Monroe, Richland, Coshocton and Vinton counties; circumstances as follows:

Madison and Vinton County budgets rejected by district advisory council.

Cuyahoga County organization held up by injunction suit against county auditor filed by village of Cleveland Heights.

Monroe County auditor says no funds available.

Richland County district board of health resigned with exception of one member.

Coshocton County seeking combination with Coshocton city district.

TOTAL NUMBER OF FULL TIME HEALTH COMMISSIONERS.....31
TOTAL NUMBER OF PART TIME HEALTH COMMISSIONERS.....50

**Guard Babies Against Blindness**

Cases of inflammation of the eyes of the newborn reported to the State Department of Health during the earlier half of 1920 numbered 891. The prevention of blindness work is now under the direction of Mrs. Zoe McCaleb, formerly trachoma nurse. Miss Mabel C. Green, formerly prevention of blindness nurse, has been transferred to the position of supervising nurse, and Miss Estelle A. Madden has been appointed trachoma nurse.

# District Health Commissioners Gather in First Conference

A SPIRIT of service to the public was the keynote of the first conference of Ohio district health commissioners with the State Department of Health, held in Columbus, May 12, 13 and 14. The conference was a representative gathering of the officials on whom rests the responsibility for carrying forward Ohio's health protective program.

Many problems faced by the health officials received extended discussion, notable among these being the question of safe milk supply for cities. Addresses by Governor James M. Cox and by numerous health workers were features of the program. Permanent organizations were effected by city and general district health commissioners—one organization for each class. Announcement of the reorganization of the Ohio Society for the Prevention of Tuberculosis into the Ohio Public Health Association was made at the conference.

Governor Cox congratulated the health commissioners upon the opportunities offered them by their positions and predicted results from the new health district system that will abundantly justify the hopes of those who were instrumental in creating it. The establishment of the system, he said, convinced him that an intelligent appeal to public opinion will always bring the changes necessary for progress.

The Governor reflected upon the changing attitude of the public toward health legislation, pointing out how in earlier days it was "looked upon as more or less of an interference in the affairs of the commonwealth — an inclination towards paternalism."

"I would call it," he added, "a form of maternalism, and the state can have no higher function."

"It always pays to build carefully and with patience," the Governor continued. "The health organization we now have is a step in the right direction. I urge upon you above all things to be moved by the one idea of public service. The state health department has not been charged by any one with any partisan leanings. If the department has been enabled to operate above the field of politics, then I think the local organizations can accomplish the same thing. Keep the service out of local politics and state politics as well.

"If this organization does not succeed, it will require the greater part of another generation to secure legislative authority to try it again."

Dr. Allen W. Freeman, state commissioner of health, in his address, "Looking Forward," outlined the health protective system of the future, saying that its purpose would be health promotion, not mere disease prevention. In this new era, begun with the erection of a statewide system of health protection based on modern sanitary knowledge, the control of communicable disease would be considered as a fact accomplished, he said, and constantly decreasing emphasis would be placed upon this phase of health work, so important in the past. Dr. Freeman called upon the health commissioners to dedicate themselves in a true spirit

of service to the accomplishment of this ideal. (Dr. Freeman's address is printed elsewhere in this magazine.)

Discussing a program for the health commissioner of a general health district, Dr. F. G. Boudreau, director of the division of communicable diseases of the State Department of Health, emphasized these three points as the things to be stressed in the first year's work:

1. An intensive campaign of child welfare work, "where results can be quickly obtained, which means building for the future and which has a peculiar and persistent appeal to your master, the public."

2. Prevention of typhoid fever and diphtheria, "in which you may secure quick results in proportion to the time and money expended."

3. "Building up an adequate, efficient, hard-working health department, all employees of which are imbued with the idea of service."

The principle on which the communicable disease control program should be based, Dr. Boudreau advised, is "to use the greatest force at the weakest point — to attack with greatest vigor those diseases which cause the most deaths and which are at the same time the most preventable." In accordance with this principle he urged expenditure of most time and energy in prevention of typhoid fever and diphtheria the first year.

Prenatal work, instruction of mothers by nurses and establishment of school physical supervision were suggested as factors in the child hygiene program.

"Every health commissioner," said Dr. Boudreau, "should provide some system of physical supervision for the school children of his district. Because schools are intended primarily for mental education we are apt to forget that the whole child goes to school — physical as well as mental." Possibilities for obtaining funds for this work from boards of education and from voluntary organizations were discussed.

Dr. Boudreau condemned the appointment of a large number of untrained deputies and urged that the principle of "quality, not quantity" be observed in making appointments. A full time physician, trained in public health work, was suggested as the ideal deputy. The commissioner must by his example build up a spirit of public service in his subordinates, said Dr. Boudreau.

Speakers in the milk discussion, which occupied the attention of the city health commissioners for the entire morning of the second day, were: Dr. W. H. Peters, Cincinnati health commissioner, who spoke on "Milk and Dairy Inspection"; Dr. R. G. Perkins, professor of hygiene, Western Reserve University, "Milk Regulations"; Dr. A. O. Peters, Dayton health commissioner, "Pasteurization of Milk." Extended discussion followed the papers, and arrangements were made for the drawing up of a tentative set of standard milk regulations, to be submitted to health commissioners for suggestions and after revision to be recommended for adoption in the various cities.

Other papers included: "Morbidity and Mortality Records," Dr. R. M. Schwartz, health commissioner, Columbiana County general health district; "The Organization of the Staff of the Health Department in a General Health District," Dr. C. A. Neal, health commissioner, Hamilton County general health district; "The Relation of the

(*Concluded on page* 126.)

# Looking Forward

**By Allen W. Freeman, M. D., State Commissioner of Health**

**In this paper, read at the conference of district health commissioners in Columbus May 12, Dr. Freeman depicts the public health program of the future, applying scientific knowledge to the physical development of the citizen from before birth on throughout life. To achieve this sanitary Utopia, he says, public health workers must dedicate themselves to careers of unselfish service.**

THE meeting of this conference represents the practical completion of what may be taken to be the fourth step in the development of a system of health protection for the state of Ohio. The first was taken at some date, probably about the time of the Civil War, when Cleveland and Cincinnati organized for the first time permanent city boards of health. The second step was accomplished in 1886, when the Ohio State Board of Health was organized by the legislature. The third step came in 1893, when the township and village system of boards of health was instituted. This fourth step, therefore, the creation of a statewide system of health administration based on modern ideas, comes as a logical development in the great and continuing duty of making available to the people of this great and prosperous state the advances which preventive medicine has made from decade to decade. We recognize, of course, that other and still more significant steps will be taken, that the wheels of progress will continue to revolve and that what we have done this last year will seem small and insignificant ten or twenty years from now.

Inasmuch, therefore, as we must regard our new law as but a step forward towards an ideal which we perceive but dimly, it has seemed to me that this were a proper time and occasion to project our minds forward as far as we can with the light we have at present, and to catch such glimpses as we may of the health system of the future. There is no progress without a goal, no effective effort without an ideal. Let us, therefore, for a brief period, turn our minds toward the goal; let us visualize as clearly as we can our ideal.

The broad purpose of all health work is so to apply scientific knowledge to the conditions of our environment, that disease may be prevented and the physical power of the people increased at a minimum of inconvenience and of expense to the public treasury. Our ideal for health work in Ohio, therefore, is the creation and adequate support of an organization which will secure to every citizen, whatever his condition and wherever his residence, the right to a sound body and a healthy life.

This ideal involves much more than the mere prevention of communicable disease. In the health program of the future, communicable disease should play but a small part, since it is within our power absolutely to prevent most of such diseases now, and we should soon be in possession of the information to prevent such diseases as influenza and poliomyelitis, which are not now within the scope

of our preventive measures. The health work of the future, based on the control of communicable disease as a fact accomplished, will be a work of health promotion, not of disease prevention. It will be positive and not negative, creative and not preventive.

The health work will begin with the unborn babe, and will secure to the expectant mother the sort of a life which will promote the development of a sound, healthy and vigorous fœtus. It will safeguard the baby at birth, will insure it proper obstetrical care and breast feeding. It will watch over it through infancy, and insure to it proper diet and care. During the period between infancy and school age it will watch the progress of the growing body, correct remediable defects and do for the child what any reputable stockraiser now does for his blooded calves.

Once the child enters school, the period of his physical development will be really begun. He will attend school in a properly lighted, ventilated and furnished room. His mental labors will be graduated according to his individual capacity. His exercise will be systematic, healthful and in the best environment. Diphtheria, scarlet fever and measles will not be allowed to take their toll of his vitality. He will be trained in habits of health, which are at least as convenient and comfortable as those of our present life.

This physical supervision will continue throughout the period of education. It is entirely practicable, with the information at present at hand and the methods at present incompletely employed to bring very nearly every child to the end of his school and college period well nourished, well muscled, free from physical defects, free from the scars of communicable disease, with sound lungs, soft arteries, good vision and hearing and a clear mentality. The task of the health work of the future will be to accomplish what we have already proved to be possible.

Once ready to take his or her place in industry, our healthy boy or girl will be put to labor in a proper environment, free from fume or dust, properly lighted and ventilated, with well conditioned air, properly distributed light, suitable seating arrangements and hours of labor regulated to produce the maximum of output with the minimum of fatigue and lost motion. The labor of the girl will be regulated with a view of her probable function of maternity. She will be taught the duties of motherhood as part of her systematic instruction.

When the boy and the girl are ready for marriage there will be available for them a home built for comfort, convenience and health, not for the profit of the realtor or the speculator. In this home the rearing of the new generation may begin, each generation improving on the achievements of the one before, each making life a little healthier, a little happier, a little more productive than the one from which it sprang.

The medical service of this Utopia will be adequate, scientific and in reach of all. Hospitals and skilled surgeons will be available for every need. There will be none to lack the best that knowledge makes available.

This Utopia will be brought about without interfering with any man's comfort and convenience. It will cause no sudden dislocation of habit or unreasonable interference with individual liberty. The generation just gone saw the disap-

pearance of typhus, cholera, plague, smallpox and yellow fever as serious menaces to the human race, but if the steps which resulted in the conquest of these diseases interfered with our comfort, convenience, happiness or liberty, few of us recognized just where the interference came. We are just now witnessing the disappearance from the stage of one of the ancient enemies of the human race, typhoid fever. The last decade has marked the end of its reign as a scourge. Has it interfered with our pleasure, comfort or liberty to make this conquest? Have we lost any desirable thing in ridding ourselves of typhoid fever as an everyday companion? I think not. Similarly, consumption, cancer, heart disease, Bright's disease, influenza, pneumonia and the other captains of the hosts of death may be made to disappear without making of ourselves health faddists or seriously interrupting the current of our living.

This sanitary Utopia is, of course, going to cost some money. Our present piddling appropriations for health will not bring it about. Some day we may be called upon to spend as much for this health system as we now spend for moving pictures, gasoline or candy, or as we formerly spent for liquor. But the expense of health will, unlike these other expenditures, be immediately and directly repaid. Much of what we now spend for curative medicine will be spent for preventive. The increase in productivity in industry, the lessened loss from non-attendance at school, the decrease in the cost of caring for the poor, who are poor because of disease, the savings on patent medicines — all will contribute to bring back to us many times over the millions we will spend for health.

And this Utopia is coming. Not, perhaps, in our generation or in the next, but coming; just as surely as the human race has come up from savagery to its present place, it will go on upward towards a reasoning, ordered life, the life of health. Each generation finds means to cure some of the defects of the previous one. Each generation the ills of our social system are lessened, the common man comes into a larger and larger share in the rewards of life, our society perfects itself. The economic changes and the social adjustments of our own generation cramp and hamper us. The next generation takes them as a matter of course and is in turn cramped by the changes of its own making. We outgrow our shells and they become uncomfortable until we can shed them and get new and larger ones. But we grow. It is as inconceivable that the next generation should fail to use the contributions of this generation to sanitary science as that it should fail to use the contributions to physical science. Just as surely as it will utilize all that we hand on to it in transportation, the railroad, the steamship, the aeroplane, and add more, just so surely will it utilize all that we hand on to it of knowledge or practice in preventing disease and contributing to the physical welfare of the human race.

If this sanitary Utopia, therefore, is ahead of us, if we can reasonably expect sanitary practice to improve and sanitary science to expand and include fields at present unknown, what then is our duty at this day and hour? Manifestly it is to build towards that ideal as fast as the limitations of our circum-

(*Concluded on page* 125.)

# The Ohio Public Health Association

**A New Agency for Influencing Public Sentiment in Favor of Better Health Protection for the State**

THE Ohio Public Health Association, organized May 13 as the successor to the Ohio Society for the Prevention of Tuberculosis, is rapidly completing plans for developing and strengthening the existing voluntary health organizations of the state of Ohio and co-ordinating health activities in the local communities.

The new association was launched with the full approval of the State Department of Health and has since been endorsed by the Ohio State Medical Association, which will be represented on its board of trustees by two members, and by the Ohio Hospital Association, which will have similar representation.

The existing machinery of the Ohio Society for the Prevention of Tuberculosis was made immediately available for the promotion of the organization work of the new association and at the same time carrying on the Modern Health Crusade and other educational work already established.

The statewide program contemplates the formation of a public health league in each county in the state. The eight inspection districts established by the State Department of Health will be recognized, and three representatives will be elected annually from each inspection district to serve on the board of trustees of the state association. When organization is completed, conferences of the voluntary organizations will be called by districts.

The Red Cross Christmas seal, which has been the means of support of the voluntary agencies engaged in the fight against tuberculosis, will continue to furnish the means for financing the broader health work, except that it will be no longer known as the Red Cross seal. The American Red Cross has formally withdrawn from participation in the seal sales, leaving the tuberculosis work exclusively to the Ohio Public Health Association in Ohio. The Christmas seals which will be sold this year will feature the double-barred cross, the emblem of the campaign against tuberculosis, instead of the American Red Cross. Orders have already been placed by the Ohio Public Health Association for the 1920 seals and preparations for the campaign are already well under way. The annual seal sale campaigns have a distinct educational value, bringing before the public the awful toll which preventable disease claims annually in this state and the measures which should be adopted to protect the public health.

An organization handbook, to serve as a guide in the organization of local public health leagues has been issued. A foreword in this pamphlet sets forth the reasons for the reorganization of the Ohio Society and the necessity for the enlarged work as follows:

"Ohio has the necessary legal machinery for establishing modern

health administrative systems in every county and city in the State. Passage of the Hughes law and the Griswold amendments which became effective January 1, 1920, makes this possible. This law is not self-executing. No official or organization is charged with the duty of making this machinery work.

"It is entirely up to the citizens of each local community, county or city whether they will take advantage of the opportunities offered them to provide that degree of health protection which all authorities agree can come only through the employment of trained health officers and public health nurses. The Griswold amendments make this optional. Otherwise the State Department of Health would have been in a position to take the initiative and to require an efficient organization in each local community.

"Whether optional or mandatory, no system of health administration can be made effective unless it is backed by public sentiment. That sentiment must be guided and crystallized by proper organization and education. Progress that has been made in Ohio in the past ten years in the establishment of sanatoria, open-air schools and nursing service, for the care and treatment of persons suffering from tuberculosis, would not have been possible without the untiring efforts of the Ohio Society for the Prevention of Tuberculosis and its seventy-six local agencies, in co-operation with voluntary organizations interested in the cause of better health. It is the function of the private agency to initiate and demonstrate methods and means for meeting the various public health problems and then pass them over to the official organization for adoption. It is generally agreed that taxation is the best and fairest way of paying for health protection. This has been the policy of the Ohio Society in the past in promoting the tuberculosis work.

"To meet the need of such an organization in a broader way, the Ohio Public Health Association was formed at the annual meeting of the Ohio Society for the Prevention of Tuberculosis in Columbus on May 13, 1920. The Ohio Society, without relaxing in the slightest the original purposes implied by its name, forms the nucleus for the new organization. It is not a departure from present policy, but rather the recognition of a fact, that it has been doing general public health work in its war against the white plague. Its objects are fully set forth in this pamphlet which is designed to serve as a guide in the building of a militant statewide health organization, ready at all times to uphold the hands of the state and local health officials and to go before the public when necessary in the cause of a healthier Ohio."

Officers of the Ohio Public health Association for 1920-21 are: President, Dr. C. B. Bliss, Sandusky; vice president, Dr. L. G. Locke, Portsmouth; vice president, Mrs. W. C. Marshall, Selma; treasurer, Theodore S. Huntington, Columbus; auditor, Charles L. LaMonte, Columbus; secretary, Dr. Robert G. Paterson, Columbus. The executive committee is made up of the officers and four others: Dr. Robert H. Bishop, Jr., Cleveland; Dr. A. C. Bachmeyer, Cincinnati; Dr. D. F. Garland, Dayton; Mrs. Neal Waddell, Greenfield.

H. E. Roulfs, who conducted the Red Cross seal sale in Ohio last Fall, heads the executive staff with headquarters at 83 South Fourth

street, Columbus. Other members of the staff are: Miss Virginia Lewis, director of the Modern Health Crusade in the schools; Earl W. Baird, educational secretary; Miss Grace Cianflona, assistant secretary, and Miss Gladys Mergarde, office secretary.

# 1919 Death Statistics for Ohio Show Lowest Rate in Four Years

OHIO in 1919 had a lower death rate than in any other year since 1915, according to the preliminary report of the state Bureau of Vital Statistics. The total of deaths in the state was 70,879, giving a rate of 13.3 per 1,000 population, figured on the basis of the census bureau estimate of 1919 population. The 1918 figures, affected by the influenza epidemic, were: death total 93,965, death rate 17.8.

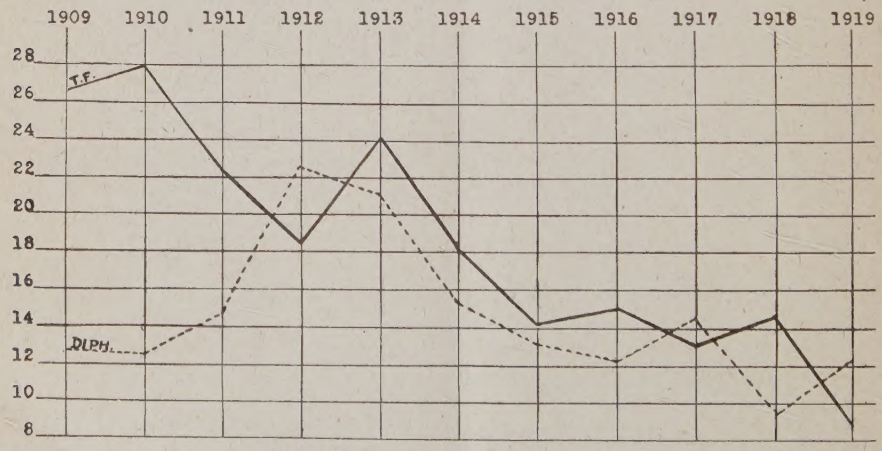
Especially significant in the figures on deaths from individual causes in 1919 were the sharp decreases in tuberculosis and typhoid fever and an increase of nearly one-third in the diphtheria rate.

Both tuberculosis and typhoid in 1919 produced the lowest death rates on record for these diseases in the state — 122.6 and 8.6 per 100,000, respectively, as compared with 145.0 and 14.6 in 1918. Diphtheria rose from 9.4 in 1918 (the lowest recorded rate for this disease) to 12.2 in 1919.

Whooping cough, measles and scarlet fever, the other leading communicable diseases covered by the preliminary figures, showed decreased rates, which, however, are without great significance, as these diseases increase and decrease in regular cycles and happened to be at the low points of their curves in 1919. High prevalence of all three diseases, indicated in the past few months' morbidity reports, will

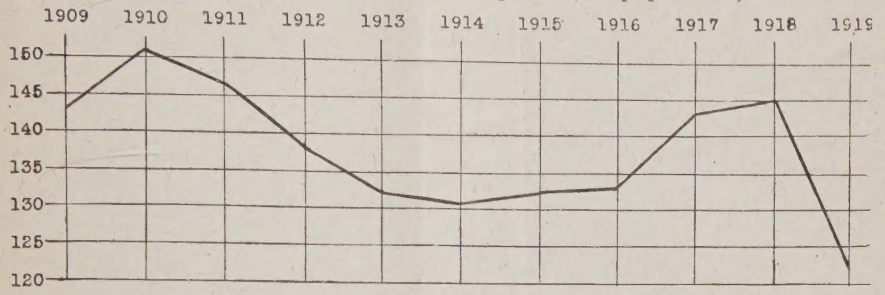
**ANNUAL DEATH RATES FROM TYPHOID FEVER AND DIPHTHERIA IN OHIO, 1909 TO 1919, INCLUSIVE**

(Figures at left indicate deaths per 100,000 population)



**ANNUAL TUBERCULOSIS DEATH RATES IN OHIO, 1909 TO 1919, INCLUSIVE**

(Figures at left indicate deaths per 100,000 population)




probably produce high death totals in 1920.

The death totals and death rates for the more important communicable diseases in 1919 were as follows:

Tuberculosis, total 6539, rate 122.6 per 100,000; typhoid fever, 458, 8.6; diphtheria and croup, 650, 12.2; whooping cough, 241, 4.5; measles, 196, 3.7; scarlet fever, 135, 2.5; epidemic meningitis. 61, 1.1; poliomyelitis, 36, 0.7.

The annual death totals and death rates for Ohio, as compiled by the Bureau of Vital Statistics since 1909, the year of its founding, are:

| *Year* | *Death Total* | *Death Rate* |
|---|---|---|
| 1909 | 60,731 | 12.8 |
| 1910 | 65,532 | 13.8 |
| 1911 | 63,385 | 13.1 |
| 1912 | 65,411 | 13.3 |
| 1913 | 68,399 | 13.8 |
| 1914 | 65,077 | 12.9 |
| 1915 | 66,067 | 13.0 |
| 1916 | 74,230 | 14.4 |
| 1917 | 76,893 | 14.8 |
| 1918 | 93,965 | 17.8 |
| 1919 | 70,879 | 13.3 |

The 1919 figures are subject to revision as delayed reports are received.

## LOOKING FORWARD

*(Concluded from page 121.)*

stances will permit. There is no danger of our exceeding the speed limit, or occupying too much territory. There is plenty ahead to do.

If you and I, charged as we are with the responsibility of caring for Ohio's health at this time, and of building towards that ideal for the future, are to meet the obligations laid upon us, we must thoughtfully and solemnly dedicate ourselves in a true spirit of service to the accomplishment of our ideal. Health work is no place for the time-server, the selfish man or the sluggard. When we neglect our duty some one sickens or dies. It is life and death with which we deal.

We must know all that is to be known about our business. That requires study, constant, unceasing. We may be abreast of the times today and hopelessly behind tomorrow.

We must keep an open mind.

We must work always to put the task of public health before the people as a job higher than partisanship, independent of politics, as an essential public service.

We must believe in ourselves and in our jobs.

We must work. There is no substitute for effort—no progress without burning fuel.

We must keep our ideals bright.

## DISTRICT HEALTH COMMISSIONERS GATHER IN FIRST CONFERENCE

(*Concluded from page* 118.)

Health Commissioner to His Deputies," Dr. J. J. Sutter, health commissioner, Allen County general health district; "The Control of Communicable Diseases," Dr. C. H. Skeen, health commissioner, Henry and Fulton county general health districts; "Methods of Abating Nuisances," Dr. C. M. Valentine, health commissioner, Franklin County general health district; "Discussion of Water Supplies and Sewage Disposal for Cities," W. H. Dittoe, director, division of sanitary engineering, State Department of Health; "The Registration of Births and Deaths," Dr. U. G. Murrell, state registrar of vital statistics; "How the Trachoma Problem in Ohio Is Being Solved," Dr. Robert Lockhart, chief, bureau of trachoma clinics, State Department of Health.

Dr. James Ball Naylor, humorist, poet and lecturer, as well as health commissioner of Morgan County general health district, entertained the commissioners with readings from his works at the smoker Thursday evening. The commissioners were guests of the Ohio Society for the Prevention of Tuberculosis at luncheon Thursday.

Officers chosen by the two organizations of health commissioners — one for the city men and the other for those from general districts — are as follows:

City health commissioners — president, Dr. W. H. Peters, Cincinnati; first vice president, Dr. J. A. Kappelman, Canton; second vice president, Dr. O. V. Tatje, Portsmouth; third vice president, Dr. H. J. Powell, Bowling Green; secretary, Dr. R. R. Richison, Springfield.

General district health commissioners—president, Dr. D. D. Shira, Summit County; first vice president, Dr. James Ball Naylor, Morgan County; second vice president, Dr. R. M. Schwartz, Columbiana County; third vice president, Dr. W. H. Carey, Logan County; secretary-treasurer, Dr. G. E. Robbins, Ross County; executive committee, Dr. G. F. Wasson, Ashtabula County; Dr. C. H. Skeen, Henry and Fulton counties; Dr. R. R. Richison, Clark County.

### PUBLIC HEALTH DEFINED

Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of diseases, and the development of the social machinery which will ensure to every individual a standard of living adequate for the maintenance of health; organizing these benefits in such fashion as to enable every citizen to realize his birthright of health and longevity. — C.-E. A. WINSLOW, in *Modern Hospital.*